

## The Contribution of Socio-Culture and Family Supports through the Use of Childbirth Services in the Health Care Center

Rukiyah<sup>1</sup>, Timbul Supodo<sup>2</sup>, La Ode Kamalia<sup>3</sup>

<sup>1,2,3</sup>Sekolah Tinggi Ilmu Kesehatan Mandala Waluya Kendari, Indonesia

**Abstract :** The maternal mortality rate in Southeast Sulawesi Province in 2018 was 75 people, and the infant mortality rate was 154 people while the maternal mortality rate in North Konawe district in 2018 was four people and the infant mortality rate was three people. The purpose of this study is to analyze the factors associated with the use of childbirth services at the North Konawe Health Center. This study used a cross-sectional study design. The populations in this study were 978 people. The samples in this study were 277 people. These samples were decided by using simple random sampling technique. Data were analyzed using the chi-square test. The results showed that there is a relationship between social-culture and the use of childbirth services at the North Konawe Health Care Center. It addition, there is also a relationship between family support and the use of childbirth services at the North Konawe Health Care Center.

**Keywords:** Socio-Culture, Family Supports, Childbirth Services

Date of Submission: 25-06-2020

Date of Acceptance: 13-07-2020

### I. Introduction

Maternal Mortality Rate (MMR) is still a health problem throughout the world where the Mortality Rate in developing countries exceeds the Maternal Mortality Rate in developed countries. Based on the data of Ministry of Health of the Republic of Indonesia in 2018, the maternal mortality rate in Indonesia in 2018 is 305 per 100,000 live births [1]. The number of maternal deaths in Southeast Sulawesi Province in 2018 was 75 people, and the Infant Mortality Rate was 154 people. Furthermore, based on data of the Provincial Health Office, Southeast Sulawesi Province in 2018, the maternal mortality rate in Konawe Utara Regency in 2018 was four people, and the infant mortality rate was three people.

The Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR), which are still high, including neonatal, are also influenced and driven by various factors that underlie maternal and neonatal risks. The factors consist of disease, nutritional problems from maternal, and four T factors (too young and too old to get pregnant and give birth, too close the distance of pregnancy or childbirth and too much pregnant and childbirth).

The above conditions are further aggravated by the delay in handling cases of emergencies or maternal and neonatal complications due to being late in making a referral decision, being late in accessing appropriate health care facilities, and being late to get services from appropriate or competent health workers [1]

Efforts to improve the health of mothers and children in Indonesia have long been performed. The efforts are giving quality maternal health services and childbirth assistance by trained health workers, postpartum care for mothers and babies, special care and referrals if complications occur and maternity leave and access to family planning [2].

Delivery assisted by trained health workers is a crucial factor in reducing maternal mortality. Likewise, the choice of delivery in a place or health facility will further reduce the risk of maternal death. Therefore, the government policy emphasizes on safe delivery. Health workers should assist it in health care facilities as an indicator of maternal health efforts [3].

The ideal place for delivery is a health facility with equipment and personnel who are ready to help at any time when complications of delivery occur at a minimum in health facilities such as health care centre that can provide basic emergency obstetric and neonatal services [3].

However, the results of the primary health research in 2018 showed that the proportion of places of delivery in Indonesia reached 12 % in the health care centre and 4% in village health care. Meanwhile, in terms of the proportion of labour assistants, 93.3% was performed by health workers, and 6.7% was given by birth attendants [1].

Data from the Ministry of Health shows that the proportion of deliveries at the health care centre based on the highest criteria is in Central Java Province in which the number of deliveries is 100.987 (17.7%). It is followed by West Java 99.141 (10.6%), East Java 68.858 (11.30%), North Sumatra 29.833 (9.08%), Banten 22.661 (8.7%), DKI Jakarta 21.684 (11.6%), Lampung 17,210 (10.5%), South Sumatra 16,812 (9.7%), South

Sulawesi 15.459 (8.6%), West Nusa Tenggara 13.321 (12%) and the lowest was in West Papua Province in which the number of deliveries is 1.282 (5.7%).

The data from the Southeast Sulawesi Provincial Health Office on the tendency of the proportion of deliveries in health facilities in 2016 showed 41.90%, in 2017 it was 62.19%, and in 2018 it was 75.6%. Although it appears that there has been an increase in the number of deliveries in health facilities each year, when referring to the 2018 plan for delivery in health facilities, which is 95%, the Province of Southeast Sulawesi has not reached the set target (Provincial Health Office, Southeast Sulawesi, 2018).

Based on the Report of maternal and child health of Southeast Sulawesi Provincial Health Office in 2018, it is showed that the delivery of health facilities in North Konawe District in 2016 was 464 people (27.25%), in 2017 there were 760 people (46.51%) and in 2018 there were 1048 deliveries in health facilities (63.5%).

Health facilities in North Konawe District based on reports from the North Konawe District Health Office showed that there were 22 units (health care centre), two units with pond facilities, and one unit hospital (North Konawe Health Office, 2018). Furthermore, based on data from the North Konawe District Health Office, it is known that there are four from 22 health care centres that do not serve the delivery in Konawe Utara Regency. Based on birth data at the Health Center in 2018, the number of deliveries was 978 people. The health care centre, with the highest childbirth achievement, is in the Lembo Health Center with 112 deliveries. The health care centre with the lowest deliveries is in the Paku Indah with 22 deliveries [4].

Based on the above description, the purpose of this research is to analyze the relationship between socio-culture, family support and the use of childbirth services at the North Konawe Health Center.

## II. Materials and Methods

This study used a cross-sectional study. This research was carried out from 22 May to 11 July 2019. The population in this study consisted of all women giving birth from January to December 2018 in the area of North Konawe Health Center, in which the total is 978 people. The sample size in this study was 277 people determined by using simple random sampling.

## III. Results

### *Descriptive analysis*

**Table 1.** The distribution of socio-culture and family supports toward the use of childbirth services at the North Konawe Health Center

Variables	the utilization of childbirth services				Total	
	Interested		Not Interested			
	n	%	N	%	N	%
Socio-culture						
Good	73	70.9	30	29.1	103	100.0
Low	45	25.9	129	74.1	174	100.0
Family Supports						
Good	88	77.9	25	22.1	113	100.0
Low	30	18.3	134	81.7	164	100.0

Table 1 shows that good socio-culture is more prevalent among mothers who are interested in utilizing childbirth services in the health care centre (70.9%) compared to mothers who are not interested in utilizing childbirth services in the health care centre (29.1%). However, socio-cultural which is low tends to find in mothers who are not interested in utilizing childbirth services in the health care centre (74.1%) compared to mothers who are interested in utilizing childbirth services in the health care centre (25.9%).

Excellent family support was found more in mothers who were interested in utilizing childbirth services at the health care centre (77.9%) compared to mothers who were not interested in utilizing childbirth services at the health care centre (29.1%). However, the low family support was found in mothers who were not interested in utilizing childbirth services at the health care centre (81.7%) compared to mothers who were interested in utilizing childbirth services at the health care centre (18.3%).

*Inferential Analysis*

**Table 2.** The analysis of the relationships between socio-culture, family support and the use of childbirth services in the North Konawe district health center

Variables	X <sup>2</sup> Count	P Value
socio-culture	51.874	0.000
Family Supports	94.713	0.000

It table 2, it shows a significant socio-culture impact on the use of childbirth services (p value=0.000 <  $\alpha$  0.05). It means that there is a relationship between socio-culture and the use of childbirth services in the North Konawe District Health Center. The results also showed that family support for the use of childbirth services in the North Konawe District Health Center is significant.

#### IV. Discussion

##### *The Relationship between Socio-Culture and the Utilization of Childbirth Services*

In accordance with Anderson's health system model, belief and obedience follow customs during pregnancy, childbirth and childbirth influence women in choosing childbirth assistance [5]. Cultural backgrounds affect individual beliefs, values and habits, including the health care system and how personal health is implemented. For example, someone who comes from a culture that attaches importance to values and close, warm and supportive family relationships will experience cultural conflicts with health workers who do not appreciate values or do not have close family ties.

The results showed that there were 30 respondents (29.1%) with a good socio-cultural category but lacked in utilizing childbirth services. It happens because although the respondent has a good social culture, the respondent is supported by adequate resources such as the availability of funds. Therefore, the respondents will tend to take advantage of childbirth services that have adequate facilities such as hospitals that have classes and VIP rooms can be used to relax family and visitors. It also underlies the respondent's family in providing input related to the place of delivery that should be chosen, because families who think they have a large family will directly recommend delivering in a place other than the health care centre.

Moreover, there were 45 respondents (25.9%) with less socio-culture, but they are categorized "good" in using childbirth services. It can happen because, in theory, the use of childbirth services is influenced by many aspects, and one of them is the source of the family or in this case, the husband. Therefore, even though the mother has less socio-cultural, the husband gives recommendations or decisions so that the possibility to choose to stay at the health care centre is even greater. In addition to the aspect of family resources, there are characteristics of needs, namely perceived needs and assessment of illness based on the assessment of officers. If officers in the past provided the best service, it allows respondents to re-use the delivery service at the health centre.

The results showed that there was a relationship between socio-culture and the use of delivery services at the North Konawe Health Center. It is found there is an influence of socio-culture on the selection of birth attendants. This result is in line with the result which is that found that there was a relationship between socio-cultural factors and childbirth delivery by traditional birth attendants in Negeri Agung Village, Talang Padang District, Tanggamus Regency in 2012 [6].

The factors affecting the utilization of professional staff services (midwives). One of them is the midwife who served there. Therefore, the delivery assistance by health professionals can be improved not only by the skills they have at the time of delivering labour but also other factors such as home visits to care for mothers and babies so that public health confidence in health workers will be better [7].

##### *The Relationship between Family Support and Utilization of Childbirth Services*

Support is information from others that he is loved and cared for, has self-respect and is valued, and is part of a network of communication and mutual obligations. Support can also be interpreted as verbal and non-verbal information, advice and tangible assistance or behaviour provided by people who are familiar with the subject in their social environment or in the form of presence in terms of things that can provide emotional and influential benefits on the recipient's behaviour.

Family and husband can play an active role in providing support to mothers in choosing services. Roles and responsibilities of men in reproductive health significantly affect women's health. Important decisions such as who will help labour are still determined unilaterally by the husband. Husband's support when the wife gets

birth is to ensure safe dislocation by health workers. The husband can provide some supports and roles. The first is to guarantee that birth attendants are midwives or professional doctors. The second is providing funds, equipment and transportation needed. The third is assisting during the labour process and supporting referral efforts if it is needed [1].

The results showed that 25 respondents (22.1%) had good family support but were lacking in utilizing health services. It means that although the family supports it, the respondent did not intend to return to labour at the health care centre. It happens if the respondent's assessment of the service received has been felt to be not in accordance with his wishes. Besides, it can happen if the respondents during receiving childbirth services feel that the actions of officers in providing services are not performed friendly, patiently and empathetically. Therefore, although the mothers get encouragement and support from the family, they get poor treatment; they tend not to intend to re-use the delivery service at the health centre.

Moreover, the results of this study also found that although the mothers did not get support from their families, they were still interested in re-utilizing childbirth services at the health care centre. It could have happened because it was supported by a theory that said that service utilization was also supported by being the characteristics of need. Although they do not get support from family resources, they consider that what is needed is available at the health care centre. It is also because they feel that the staffs in providing services are good and friendly because they are close acquaintances. Therefore, they tend to return to intend to use childbirth services at the health care centre. The results showed that there was a relationship between family support and the use of childbirth services in North Konawe Health Center.

The results of this study are in line with research which shows that based on the results of the statistical test, there is a relationship between family support to respondents who actively participate in classes of pregnant women and the support variable for family support [8]. It means that there is a significant relationship between family support and the use of childbirth services in health facilities.

Family support has a significant relationship with the utilization of the use of childbirth services in the North Konawe District Health Center. Family support is the attitude, actions and family acceptance of its members. Family members are seen as an inseparable part of the family environment. Family members see that supportive people are always ready to provide help and assistance if it is needed [9].

Emotional support is a form of support where the family as a safe and peaceful place of recovery to rest and help psychologically to stabilize emotions and control themselves. Family support, especially emotional support, will indirectly have emotional benefits that will give strength to someone. The emotional support is by providing attention and support, closeness and warmth that makes patients feel loved, sympathizing on empathy for the problems faced by patients, and providing advice and warnings.

Lack of emotional support can reduce patient motivation for health care. Good support will increase the motivation of patients to perform health care in terms of compliance with medication during the post-partum period [10].

The existence of negative family perceptions about childbirth to a health facility causes pregnant women to not deliver to this health facility. Besides, there are also determinants outside the wishes of pregnant women, and they influence the decision to give birth to a health facility or not. For example, mothers give birth outside the specified time so that it is not possible to be taken to a health facility as well as pregnant women who are at high risk during labour due to bleeding and preeclampsia so that it requires giving birth to a health facility.

## V. Conclusion

Based on the analysis and the discussion that have been described above, Socio-culture relates to the use of childbirth services in the North Konawe District Health Center. Furthermore, family support relates to the use of childbirth services at the North Konawe District Health Center.

## References

- [1] K. Kesehatan, "Riset Kesehatan Dasar (Riskesdas)," *Kemendes RI*, 2013.
- [2] E. Wijayanti and C. Dewi, "Faktor-faktor yang Berhubungan dengan Perilaku Merokok pada Remaja Kampung Bojong Rawalele, Jatimakmur, Bekasi," *Glob. Med. Health Commun.*, vol. 5, no. 3, pp. 194–198, 2017.
- [3] R. I. KemenKes, "Profil Kesehatan Indonesia 2014," *Jkt. Kementerian Kesehat. RI*, 2015.
- [4] Dinas Kesehatan Konawe Utara, *Profil Kesehatan Kabupaten Konawe Utara*. Andowia: Dinkes Konut, 2018.
- [5] S. Notoatmodjo, "Ilmu perilaku kesehatan," *Jkt. Rineka Cipta*, vol. 200, pp. 26–35, 2010.
- [6] N. Indrasari, "Hubungan Faktor Sosial Budaya Dengan Persalinan Oleh Dukun Bayi Didesa Negeri Agung Kecamatan Talang Padang, Tanggamus," *J. Kesehat. Metro Sai Wawai*, vol. 7, no. 2, pp. 91–96, 2017.
- [7] E. Juliwanto, *Faktor-faktor yang Mempengaruhi Keputusan Memilih Penolong Persalinan Pada Ibu Hamil Kabupaten Aceh Tenggara*. Administrasi dan Kebijakan Kesehatan. Universitas Sumatra Utara Medan. xviii, 2008.
- [8] R. Badiu, A. ummu Salmah, and A. M. Tahir, "Utilization of Birth Services at Health Facilities Based on Class of Pregnant Women at Hila Health Center," *J. Kesehat. Masy. Marit. Univ. Hasanuddin*, vol. 1, no. 1, pp. 31–41, 2018.
- [9] L. M. Friedman, C. Furberg, D. L. DeMets, D. M. Reboussin, and C. B. Granger, *Fundamentals of clinical trials*, vol. 4. Springer, 2010.

- [10] O. Nainggolan, A. Y. Kristanto, and H. Edison, "Determinan Diabetes Melitus Analisis Baseline Data Studi Kohort Penyakit Tidak Menular Bogor 2011 (The Determinan of Diabetes Melitus (Baseline Data Analysis of Kohort Studies of Non-Communicable Diseases Bogor 2011))," *Bul. Penelit. Sist. Kesehat.*, vol. 16, no. 3 Jul, 2013.

Rukiyah, et. al. "The Contribution of Socio-Culture and Family Supports through the Use of Childbirth Services in the Health Care Center". *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 9(4), 2020, pp. 34-38.